



## CHARLIES ALUMNI INC

### Application for Membership

1 year \$22

3 years \$66

5 years \$110

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I joined SCGH in (year): \_\_\_\_\_ Department/Service: \_\_\_\_\_

Please tick the box if you don't want your details above shared with other Alumni members.

- My cheque/money order for \$22 / \$66 / \$110 for membership subscription is enclosed (cheques to be made payable to Charlies Alumni).
- Please debit my credit card with the amount of \$22

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Visa

Master Card

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please Return to:

Betty Whiley  
Ground Floor, E Block  
Sir Charles Gairdner Hospital  
NEDLANDS WA 6009